

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>		10/565,346-Conf. #1923	
	<b>Filing Date</b>		October 4, 2004	
	<b>First Named Inventor</b>		Jane C. Hirsh	
	<b>Title</b>	TOPICAL AEROSOL FOAMS		
	<b>Art Unit</b>	1616		
	<b>Examiner Name</b>	M. Haghighatian		
		<b>Attorney Docket No.</b>	PDX-007.01	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
**OR**  
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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**OR**

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:  
**OR**  
☐ The address associated with Customer Number:

**OR**

☐ Firm or Individual Name

**Address**

City	State	Zip	
Country	Telephone	Email	

I am the:

☐ Applicant/Inventor.  
**OR**  
☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
Name	Telephone
Title and Company	

Signature: *Steven N. Tannenbaum*  
 Name: **Steven N. Tannenbaum**  
 Date: *4/26/2011*  
 Telephone: *401-762-2000 x216*  
 Title and Company: **Authorized Signer, Precision Dermatology, Inc.**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.